A home, an institution and a community – frames of social relationships and interaction in assisted living

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Abstract

Assisted living facilities are presented as the older person's home but, at the same time, defined by institutional and communal characteristics. Using Goffman's (1974/1986) concept of frame, we aim to find out how home, institution and community frames define social roles and shape social relationships and interaction in assisted living facilities. Directed content analysis was used to analyse the data consisting of observations, one group discussion and ten individual interviews with residents in an assisted living facility. We found that the home frame was characterised by meaningfulness, spontaneousness and informality of social relationships and interaction, whereas the institution frame by indifference and formality of them. Acknowledging and tolerating other people was not only central in the community frame but also dissociating oneself from some people. Frames can shed light on how different interpretations of the

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multifaceted social environment of assisted living affect homeliness of the facility and well-being of the residents.

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Introduction

Population ageing and the high costs of institutional long-term care have resulted in a growing commitment in many Western countries to ageing in place policies that allow older people to stay at home as long as possible (Genet et al. 2011; OECD 2005). The care of older people has therefore increasingly shifted from institutional settings to private homes or other home-like environments. This shift has also been evident in Finland where home care, informal care and housing services have increased at the expense of institutional care (Anttonen & Karsio 2016). In 2000, 12.6% of the Finnish population aged 85+ lived in nursing homes, and by 2019, this share had dropped to 1.5%. At the same time, the number of clients in sheltered housing with 24-hour assistance rose from 3.6% to 15.9% (National Institute for Health and Welfare 2021).

Assisted living – also called sheltered housing or service housing – consists of many different ways to organise housing and care services for older people. In Finland, *assisted living with 24-hour assistance* provides housing and care services for older people with the greatest care needs, such as those with dementia. Skilled care staff is available 24 hours a day, and residents' needs are similar to those in institutional care. *Ordinary assisted living* is intended for those older people who have less care needs but who, due to deteriorating health and/or functioning, are unable to live in their private homes. However, the care needs of older people also in this type of housing have become more and more intensive, calling for 24-hour assistance. Residents in both these types of services have their own rented apartment or room in the facility and pay separately for services they require. (Kröger 2019.) *Service centres*, then, can provide ordinary assisted living and assisted living with 24-hour assistance and also offer some of their services to (older) people living outside the facility. Such services include, for example, meals, guidance from a care professional, and events and social activities in the facility. The facility in focus in this

study falls under the service centre category, but for clarity, we use the more general term assisted living facility (ALF).

The main distinguishing feature of ALFs compared to such institutions as nursing homes is their home-likeness: ALFs have a less medical and institutional appearance than nursing homes (Roth & Eckert 2011). ALF residents can, for example, bring their own furniture and other belongings to their apartment or room. ALFs are also supposed to uphold the self-determination of residents and to provide more person-centred care than institutional settings (Pirhonen 2017). As ALFs, at least in policy papers, are considered to provide home-like environments, it is also necessary to approach social relationships differently than in traditional institutional environments. More attention must be given to how social relationships are structured by the socio-physical environments of ALFs. Research shows that social relationships are critical to the way that residents perceive ALFs (Cutchin et al. 2003; Lewinson et al. 2012; Roth & Eckert 2011). Roth and Eckert (2011) point out that although ALFs are formally designed as home-like environments, it is the residents and the staff who shape the facility into what it actually is. For example, private spaces in the facility become contested and redefined when staff freely enter residents' private apartments. A similar observation can be made about visitors to ALFs: if an ALF were an older person's home, the resident should have control over who has access to them and who can come into their home. However, this is not always the case (Bennett et al. 2017). Although social relationships very much affect what kind of places ALFs are and become, it is equally true that the physical and organisational setting of ALFs affects how social relationships in these environments can develop. The relationship between the environment and social relationships in the ALF is a two-way street.

As social environments, ALFs are hybrids of a home and an institution. On the one hand, ALFs are portrayed as private homes, and their purpose is to offer home-like living for older people. On the other hand, ALFs offer health care and social services for residents, and at the same time, they are workplaces for care and other professionals and, therefore, have institutional characteristics (Cutchin et al. 2003; Eckert 2009). Importantly, however, ALFs (particularly service centres) also organise various services, events and activities not only for residents but also for other (older)

people living in the neighbourhood. These ALFs aim to bring older people together, to act as a meeting place for a wider community and, thus, promote the social participation of older people living both in and outside the facility. From the perspective of social relationships, these ALFs also involve characteristics of a wider community and represent an arena of interaction between community members that exceeds the boundaries of the facility (Johansson et al. 2022). In other words, social relationships in ALFs are simultaneously framed by the characteristics related to those homes as private homes, institutions and local communities. Such a multifaceted environment sets certain rules for social relationships and interaction that individuals need to understand and interpret when attending different social situations. Erving Goffman's (1974/1986) theory of frames explains how individuals come to understand these rules in varying social situations.

In his book *Frame Analysis*, Goffman (1974/1986: 10) studies "basic frameworks of understanding that are available in our society for making sense of events" and the vulnerabilities of these frameworks, such as *keyings*, *fabrications* and *frame breaks* – ways in which these frameworks are subject to transformations and disruptions. He argues that when attending any current situation, often involving other individuals and not necessarily restricted to face-to-face gatherings, individuals face the question "What is it that's going on here?" (p. 8). The answer to this question defines the situation and, thus, determines the expectations for action. To define a situation, then, key factors are the "principles of organization" (p. 10) that govern social events and individuals' involvement in them. Goffman calls these principles of organisation as *frames*. In other words, to answer the question "what is it that's going on here?" we need to contextualise the events and understand the norms and rules that control the interaction (Persson 2019). We can do that by employing the culturally constructed "schemata of interpretation" (Goffman 1974/1986: 21) – frames – that are shared by the members of the community.

The idea of frames relates well to ALFs as the members of these communities can be seen to share similar ways of understanding and interpreting social situations in the facility. Especially, central for these interpretations is, we argue, the different distinguishable characteristics of ALFs: the characteristics of a home, an institution and a community. Drawing from Goffman's theory of frames, features of a home, an institution and

a community can be understood as interpretative schemata that are employed in making sense of social events and defining social situations in ALFs. The aim of this study is to find out how these three frames define social roles and shape social relationships and interaction in ALFs.

Studies by Harnett and Jönson (2017) and Gjernes and Måseide (2019) represent examples of the ways in which frames can be used to empirically study everyday situations of care facilities, and they can deepen our understanding of the functioning of everyday life in such facilities. Harnett and Jönson (2017) studied the framings of meal situations in a nursing home and found that an *institutional frame*, *private frame* and *restaurant frame* were employed in these situations. These different frames had implications for the actions of residents and staff members. For example, in the institutional frame, the staff members were in control of the situation, and the resident's role was that of a care recipient, whereas in private frame, staff members and residents acted as friends. In the restaurant frame, the staff members acted as waiters, considering the personal requests of the residents. Gjernes and Måseide (2019) found that in a day care centre for persons with dementia, the staff members guided and controlled the eating of the individuals during breakfast unnoticeably. By doing this, they framed the meals as "ordinary breakfast meals" instead of as meals arranged particularly for persons with dementia. This was done to display and maintain the older persons' dignity and normality. Both studies suggest that using the concept of frame in empirical research can reveal important details about the everyday social situations of care facilities that have implications for the well-being of the older persons.

Widening the view of frames in care facilities, our study aims to deepen gerontological knowledge of the use of the home, institution and community frames in the everyday social life of ALFs and the implications thereof for social relationships and interaction. This study contributes to our understanding of how the multifaceted social environment of ALFs affects well-being of the residents and staff members.

Materials and Methods

The data for this study was collected as part of a research project *Ageing and Social Well-being (SoWell)* conducted at Tampere University. The project explores older people's expectations, needs and activities regarding

their well-being and enjoyment of a good life in old age. The study protocol was approved by the Ethics Committee of the Tampere Region.

The data were drawn from one ALF (service centre) for older people in southern Finland. The facility is an outsourced service provider that provides both assisted living with 24-hour assistance (called group homes) and ordinary assisted living. In addition, the facility offers various services for (older) people living outside the facility. The facility consists of two joint apartment blocks located in a suburban area close to nature. The blocks comprise approximately 150 apartments, of which approximately half are in the group homes and half in the ordinary assisted living. There is a restaurant/café and are many common areas with sofas, armchairs, chairs and tables that the residents and visitors can use for socialising, reading, watching television and other activities. Recreation rooms are used not only for socialising but also for events and hobbies (e.g. handicrafts). There is also a gym and common saunas in the facility.

The data consist of observations, one group discussion and ten individual interviews with older people living in the facility. The observations were made, and the group discussion and interviews conducted in the facility's unit providing ordinary assisted living. The observations took place in the facility's shared areas, such as the restaurant, recreation rooms and the yard. The researcher observed everyday life in the facility, concentrating on social relationships and interaction, and interacted with residents and staff. Detailed field notes were written immediately after each observation session. The observation data consist of 35 hours of observations that were made during the spring and summer of 2018 by the first author.

All participants in the group discussion and the individual interviews were recruited with the help of staff. Residents with a cognitive disorder not allowing for informed consent were excluded; this was evaluated by staff members. The group discussion involved seven persons. The group met once to discuss well-being based on a semi-structured interview framework with themes and questions related to well-being. One researcher served as moderator of the discussion and another one observed the discussion, making notes and ensuring all topics in the interview framework were covered. The age of the group discussion participants ranged from 68 to 101 years, mean age being 86.6 years. Five of the participants were women and two were men. The group discussion took place

in the ALF in autumn of 2018 and lasted 1 hour 27 minutes. The audio recorded discussion was transcribed verbatim.

Five of the seven participants in the group discussion were later interviewed individually by the first author. An additional five participants were recruited with the help of staff. The individual interviews followed a similar semi-structured interview schedule as the group discussion. The participants' age ranged from 68 to 94 years, mean age being 82 years. Five of the interviewees were men and five were women. The length of residency in the facility ranged from approximately 5 months to 5 years. The interviews were conducted during late autumn of 2018 and early spring of 2019. The shortest interview took 38 minutes and the longest 1 hour and 56 minutes. Eight of the interviews took place in the participant's own apartment in the ALF and two in a recreation room. The audio recorded interviews were transcribed verbatim.

All participants in the group discussion and interviews were relatively independent in functioning. Some were able to move without any aids, others required a wheelchair or a walker. All participants lived alone in their own rented apartments in the ALF and used different services provided by the facility depending on their needs and preferences (e.g. health care, cleaning, laundry, restaurant and social activities).

Using the concept of frame (Goffman 1974/1986) as an analytical lens, we utilised a theory-driven approach, directed content analysis (Hsieh & Shannon 2005), to analyse the data. We divide our analysis into two phases. In the first phase, we read the whole data carefully and separated all sections of data including descriptions of social relationships and social interaction. By doing this, we created an initial understanding of the different topics related to social relationships and interaction in our data.

In the second phase of the analysis, we examined how our data extracts, identified in the first phase, are defined by the different frames (home frame, institution frame and community frame). We developed three questions to help us identify the different frames in the data: (1) what kind of relationships and interaction are enabled or ruled out in the situations concerned, (2) who or what defines the "rules" of interaction and (3) to what extent can residents control their own social interaction. We used these questions to identify different ways of framing social relationships and interaction in our data extracts. For example, we observed that in some extracts, the rules and practices of the ALF, such as mealtimes,

played a central role in interaction, pointing to the institutional frame. On the contrary, in some extracts, such rules played no or only a small role, pointing to home or community frames. To identify the frames, we read the data extracts carefully multiple times, reflecting on the three questions, and finally grouped each of the extracts under the applicable frame. The frames are elaborated in the sections below and illustrated with excerpts from the data. All names are changed for anonymity.

Results

The following observation excerpt illustrates residents' awareness of the existence of different frames in the facility's everyday life. The researcher is sitting with the residents in the restaurant:

> Another person sitting at the table asked: "Is that person over there a patient?," referring to a person sitting alone at another table. A person sitting in front of me said: "That's no patient, that's a customer." To that, a person sitting at a table behind us remarked: "No, that's a resident." The person sitting next to me and the person sitting in front of me said: "Exactly, a resident." The person under discussion did not react at all.

A resident is using the term "patient" to refer to another person. However, this resident is immediately corrected: the term "patient" is not correct in another resident's opinion, who calls the person a "customer." But another resident objects again: this person should be called a "resident." This term finally gains the approval of others. The residents are thus aware that their role in the facility might be understood in different ways: an ALF is a place where one might be seen as a patient (institution), a customer (community) or a resident (home). For the people involved in such a situation in such a place, finding the right term requires an understanding of the different frames that are applicable to the place and the situation. Using Goffman's (1974/1986) terms, what occurred in the situation was *clearing the frame*: the frame became clear for all participants after erroneous interpretations of the frame were corrected by other participants. The exchange over the most appropriate term demonstrates the residents' awareness that the ALF is a multifaceted place where the home, institution, and community frames influence everyday life. This example also illustrates the dynamic nature of frames: all these different frames

exist in the ALF at the same time and are invoked in different situations by different actors in different ways.

Next, we elaborate on how these three frames affect and define social relationships and interaction in ALF.

Home Frame

In the home frame, social relationships and interaction occurred on the residents' own initiative, and they were not determined by the rules or obligations of the institution or community frames. Thus, the relationships appeared casual or home-like, since they were determined by the residents' own preferences to be in contact with people they considered meaningful in their life. The participants had meaningful social relationships both within and outside the facility. Those most often mentioned as closest relationships were one's own children, grandchildren, their families and other relatives. Children and grandchildren were also often mentioned as one's most frequent visitors and the persons one visited, who took them out to see other people, and who helped with various everyday chores such as shopping and banking. Most participants also said they had meaningful social relationships inside the facility, and within the home frame, they described other residents as friends. Some participants said they had made good friends in the facility, and others indicated that they only had "acquaintances." Some said they spent time almost daily with friends from the facility, for instance playing cards in the common areas, eating together in the restaurant or sometimes visiting one another. Almost all participants mentioned having friends outside the facility, such as former colleagues, old friends from where they used to live or friends from hobbies. They usually talked to them on the phone but sometimes visited them or had them come to visit.

Social relationships and interaction appeared informal within the home frame. Some participants also counted staff amongst their friends and said they were close to them. Matti reflected in the interview on the kind of place that ALFs are and how his relations with staff affect his approach:

> Matti: Well here, in a place like this, in a way, as this is, kind of… even though this is our home, everybody's home, it's also a bit, maybe slightly like an institution, more or less. Because we're in contact with staff every day, more or less, but anyway, the thing with our relations is, we're told, we're on first-name terms, which is good, I think. Staff are

on first-name terms with customers, I'm not sure if that's with everybody, but anyway, in some way it eases the personal relationship between staff and customer.

Matti describes an ALF as an institution, although it is also a home at the same time: he perceives his living environment as a combination of both these frames. The reason why he sees the ALF less as an institution and more as a home lies in the casual and not too hierarchical relationship with staff. Here, the home frame is invoked by the casual way the staff and residents talk to each other. Matti is aware that in the context of the institution frame, the relationship with staff members would be a more hierarchical one. Matti also uses the term "customer" when referring to himself and others living in the facility, and by doing so, he is highlighting the relationship being more relaxed than that between a patient and a care professional. Thus, the different frames overlap and residents themselves also consider how the use of certain frames affects different situations and life in the facility. The next observation excerpt describes an interaction situation between a nurse and a resident.

> A nurse came to a group of people sitting around a table to dispense medicines to one of them.
> Nurse: "I brought you some water because I thought you must be very thirsty" (hands a glass of water).
> Man (laughing): "Yes I am, but this water won't help with that."
> Nurse gives the pills and says: "Well, would these be of any help?"
> The person takes the pills and the nurse simultaneously puts a plaster on his upper back.
> Man (laughing): "Ugh, these pills taste terrible."
> Nurse (laughing): "I'm sorry but I haven't been able to influence their taste."
> Nurse leaves. The situation around the table continues normally: the people are reading magazines and occasionally someone comments on something they have read.

In this situation, a nurse approaches a resident sitting with other residents at a table to give him his medicines and to change a plaster on his back. This situation could be very formal: for example, the nurse could take the patient to a treatment room. However, in this case, the situation is framed differently. The dispensation of medicine and the treatment, which would normally belong to an institution frame, had the appearance of a casual encounter of friends rather than a hierarchical or formal care situation. The nurse and the resident are making friendly jokes and laughing, as if

they were just two friends chatting together. This way of interacting invokes the use of more relaxed home frame in the situation instead of the formal institution frame. The interaction is shaped by the overlapping of these two frames. Using Goffman's terms, this could be called *keying*: planting a frame inside another frame (Goffman 1974/1986).

Social relationships and interaction in the ALF were not always casual or meaningful. For example, nurses did not always act according to the rules of the home frame, but sometimes took a stronger role in determining the nature of interaction. Next, we show how social relationships and interaction appeared in the institution frame.

Institution Frame

Whereas in the home frame, social relationships and interaction were initiated and the rules of interaction were determined by residents, in the institution frame, those rules were determined by the institution, and residents had no control over their interactions. Furthermore, interaction was mostly limited to exchanges between residents and staff. In the next excerpt from the group discussion, Liisa is talking about the rules of the facility.

> Liisa: I would have wanted to do a book that's useful when you come to an old people's house like this. Whenever an old person is admitted, they'd be handed that book, so there's a person at the front door who will tell you where to go, where your room is and all those sorts of things. So the book has everything, your rights and your responsibilities. But right now, when I ask where to put my rubbish, they'll just say "I don't know, ask this or that person" and it'll be a week before I get an answer. – So I mean you have to have that kind of responsibility, and it's not the responsibility of whoever comes to the facility but who teaches that person the ropes.

Liisa is talking about the rights and responsibilities of the facility's residents and about "learning the ropes" when a new resident is admitted to the facility. She acknowledges that there are certain rules at the ALF, and that staff members, as representatives of the facility, should inform residents about these rules. Institutions have schedules that need to be followed. The most visible and obvious rules that became apparent during the observations at the ALF were the meals schedules. The next observation excerpt is from the restaurant:

> Next, I went to see whether there were more people downstairs in the restaurant. There were about fifteen persons around the tables. They weren't talking with each other, just sitting quietly and I was a bit curious as to what was going on. Occasionally someone at some table would say a few words, but otherwise it was very quiet. After a while staff started to enter the room and hand out dinners, and I realized what was happening: people were sitting there because they were waiting for their meals. Before this realization I thought it very strange that all these people had been sitting there side by side but not talking to each other. They hadn't come there so socialize, but to eat.

This situation – people sitting around tables without speaking – began to make sense when staff entered the room and started serving food: it was dinner time at the facility, and residents had turned up, or those in wheelchairs had been brought there, to wait for their dinner to be served. In other words, the facility's schedules affected when, why and how residents came together. When they were waiting for and having their dinner, residents did not seem to be interested in one another and their relationships appeared distant and indifferent. Mealtimes were not always as quiet as this, but it was clear that some of the diners were friends, laughing and talking with each other, whilst others hardly made any contact with others. Some residents, then, came to the restaurant to eat with their friends (home frame), whereas others just came to eat in the facility's restaurant because this was the scheduled mealtime (institution frame) (cf. Harnett & Jönson 2017). Following the schedules works as a cue for the institution frame and, thus, for certain kind of actions, but laughing and chatting with friends as a cue to abandon the institution frame and adopt the home frame in the meal situation instead.

In the institution frame, the residents' relationships and interaction with staff appeared to be more formal than in the home frame. Staff appeared as helpers and professionals. When talking about the help they received from the facility, some residents pointed out that they had to pay for this help – making it clear that the help they get from staff is different from the help they get from relatives. Family members help them because they care (home frame), and staff members help because it is their job (institution frame).

Many participants said they were content with the staff and with the help they received at the facility. Some, however, also told of bad experiences with staff members, saying they had not been helpful and took a long time to get things done. Some participants said they were concerned

about friends who did not have the help of relatives and had in fact intervened to offer help because they thought that staff were not doing enough. Some even felt that staff members had downplayed residents' concerns. In these descriptions, staff were seen as representatives of their occupation, and this was reflected in residents' expectations about the relationship. That is, for residents, staff appeared within the institution frame as care professionals who were expected to show helpfulness, compassion and efficiency. In these expressions of dissatisfaction with staff, residents' expectations of appropriate staff behaviour within the institution frame were not met.

Although staff were seen, within the institution frame, as care professionals who were expected to show professionalism, the multifaceted ALF environment meant that the position of staff was not always clear. In the next interview excerpt, Anna is talking about nurses entering her apartment in the facility.

> Anna: Yes, and really this homelike peace, sometimes when I first came here you might have had nurses, all of a sudden a nurse just came in with her/his own key, but there were lots of complaints back then, that we want to live here like all by ourselves, but there's also the policy that if someone doesn't answer the knock on the door or, you know, then you have to see if something has happened or something. So, it's a fine line again what the nurse can do.

Anna is reflecting on the most appropriate frame when interacting with staff. She feels that the home-like atmosphere of her home in the ALF has been violated by nurses who have entered her apartment without permission, using their own keys. In these situations, nurses have treated the resident's apartment not as a private home but as their workplace: entering the apartment without permission thus invokes the institution frame in the situation. As Anna admits, nurses must have their own keys and enter if the resident does not answer the knock on the door. After all, one expects nurses to come and check on their patients. However, as Matti pointed out, "*after all this is our home and you can't just barge in*". Nurses should treat the apartment as a private home: "*ring the doorbell, knock and wait for a while.*" Residents think that nurses should act according to the home frame, not the institution frame. Residents want to be able to decide when and how they interact with staff. Within the institution frame, residents are denied the right to make this decision, which

means this is not an appropriate frame for them. This situation involves a *frame break* (Goffman 1974/1986): the acts of staff differ radically from residents' expectations in the situation. The overlapping frames are at variance with each other because there is no clear, shared understanding of the appropriate frame. Thus, residents have a *negative experience* (Goffman 1974/1986) as they find that the frame they thought would be applicable in the situation, is not and they are uncertain of what rules apply in the interaction.

When the first author was conducting an individual interview in a resident's apartment, two nurses entered with their own keys to remind the resident about lunch. The nurses interrupted the interview but did not acknowledge the presence of the guest or apologise for the interruption. It was clear that the nurses did not think they were entering someone's private home, but rather their workplace. However, later in the interview, the resident said that having nurses check on him adds to his sense of security. Although residents are keen to live in a private home, they are also aware of their own vulnerability and, thus, are aware of their need for the institution frame. Like Anna reflected, there is a "fine line," how the staff should act in an ALF and also the residents' perceptions of the staffs' suitable behaviour vary. Nurses are thus expected to balance between the home and institution frames.

Community Frame

The community frame falls somewhere in between the home and institution frames: within this frame, residents could not decide who they wanted to interact with, but, nonetheless, had more influence over their interaction than in the institution frame. Another difference was that whilst in the home and institution frames, there was no ambiguity about the source of the rules of interaction, in the community frame, these rules were not determined by a single actor, but rather by the more abstract social codes of the ALF. Within the community frame, relationships and interaction included those with other residents, staff, ALF visitors and flexibly with the whole ALF community.

ALF residents cannot always choose their company in the same way as they could in a private home, but on the other hand, social life and activities in the facility are not entirely controlled by staff, as they would

be in an institution. Therefore, it is necessary for residents to make an effort to acknowledge and get along with other people. In the next group discussion excerpt, residents are talking about their sense of community in the facility.

> Liisa: But anyway, there are many people here with many infirmities, and yet they get along and exactly this, that there would be some kind of community spirit. That's so important.
> Researcher: Do you have that here?
> Liisa: Not really.
> Saara: There's no way that could happen here.
> Liisa: Yes, but you can't expect everybody to be the same, you can't expect that.
> Anna: I think the same that it's quite impossible to try to get that kind of community spirit because we're all different persons so we have different tastes in music, hobbies, and everything, so we'd need to be tolerant and not assume that everybody should think the same way as I do. It's a richness that we're all different and allow others to be different.
> Hanna: That's right.

Whereas in the institution frame, relationships and interaction with other residents appeared distant and indifferent and were determined by the rules of the facility, in the community frame, other people in the facility appeared as individuals who deserved to be treated with understanding and tolerance. Other residents were not necessarily friends with whom the participants had formed relationships by choice (home frame), neither were they just random people who follow the same rules of the facility and happen to be at the same place at the same time (institution frame). Other residents were those people who form the community around one's home and institutional practices; these were the people one needed to get along with when outside the familiar home and institution frames. The rules of interaction in the community frame are, thus, defined by the community's shared ideas of what is considered appropriate behaviour in such a context. On the other hand, the eagerness of residents to emphasise tolerance of diversity can also be seen as a reaction to tensions between the home and the institution frames, and the acknowledgement of diversity helps to protect the home frame from the harmonising effects of the institution frame. In other words, by emphasising the importance of tolerating diversity, the residents are protecting their own privacy and individuality as residents of the facility.

Other people are also more readily acknowledged and taken into account in an ALF than in, say, a normal apartment block. This is demonstrated by the following observation excerpt. A group of residents is sitting in the day room talking with the researcher about living in the facility:

> "We have quite accepted this as our home," said a person sitting in front of me. However, after a while, a person sitting next to me said: "Well, an institution is nevertheless always an institution," explaining that you can't just follow your whims there because you obviously have to take others into account as well.

One of the residents points out that the facility is not a home because you have to take into account of the other people living there. The fact that the place is an "institution" where people need to live together harmoniously prevents the place from being an actual home. The presence of others cannot just be ignored, but it affects the whole experience of living in an ALF. Thus, in the community frame, residents had some control over who they wanted to interact with, but, on the other hand, the participants are aware of the presence of others and its implications for their expected behaviour (e.g. expectations of social activity). At the same time, this constant awareness of other people in the facility was also considered to provide a source of security. The participants pointed out that the presence of other people, other residents and staff in the facility enhanced their sense of security and reduced their sense of loneliness.

ALF visitors became more visible during events organised at the facility that are open not only to residents but also outsiders. People visiting the facility to attend events and activities were not mentioned very often either in the group discussion or in the interviews. When they talked about acknowledging others and accepting diversity in the facility, the participants were mostly referring to other residents. It seems then that visitors attending events and activities or using services are not necessarily seen as part of the ALF community. Nonetheless, they are a visible part of the facility, as demonstrated by the following observation excerpt. People from the outside the ALF have come with their children to attend an event:

> I was rather annoyed by the other adults and their children on the same floor with me. The children could not concentrate but were wrestling and fooling around with each other. In addition, they shredded all the streamers along the corridors. After the show

ended, they just left and left all the shredded streamers on the floor. Their parents did not comment on the wrestling or the shredding and did not tell them to clean up the mess they'd made.

In the situation described above, the visitors were standing in the corridors, close to the doors to the residents' apartments, but did not behave as if they were visiting someone's home or a care facility. The visitors' actions were determined by their understanding of the most appropriate frame for such a situation. The visitors did not frame the ALF as a home or an institution, but as a public space in which they may behave as they pleased and let their children fool around or assume that someone else will clean up after them. This frame was invoked by the event organised in the facility that made the facility seem for the visitors not as someone's home or as a care facility. They did not consider that the mess they left behind might be inconvenient for residents or the staff. In contrast to residents, then, they did not acknowledge the other people in the facility, but followed different rules that may not be explicit.

Another group of people missing from the participants' descriptions were those who lived in group homes. When talking about the ALF community, the participants sometimes referred to their circle of friends or people living on the same floor, but did not mention group homes or their residents; sometimes, it seemed they were actively excluded from the residents' community. When asked what kind of communities she thinks she belongs to, Anna described herself as an ALF resident but her community does not comprise the community as a whole:

> Anna: Because we're here in home-like circumstances and not in an institution. Sure there are these two floors, or are there three, where there are these closed wards, dementia wards, but I don't know much about them. Because there are so many different types, but in that sense I think it's good you can get it [more care] from here, if your health greatly deteriorates you can stay here in the same building. And you just move a bit to another place then.

Anna makes a point of her home-like living environment by saying that she knows very little about the "*dementia wards*" in the same building. She is making a point that these places are different form where she lives and distancing herself from the people who live there: they are different from her and her home-like way of life as an ALF resident. When the

65

institutional "dementia wards" are excluded, she can be seen as living in a home-like environment. Nevertheless, those places might become part of her life sometime in the future if her "*health greatly deteriorates.*" In the next interview excerpt, Ida is making distinctions between herself as an ALF resident and others in poorer health.

> Ida: And I've been satisfied. If someone's being critical, they're being critical without a reason. We can live here as we would in any other rented accommodation. But here we have the security so that if anything happens, then… Although we're private residents and we don't belong to those service centre things at all. We can't get a doctor here or, there's a nurse only once a week.

Ida says that she and other residents like her are living in the facility as private residents. She seems to take the view that those who really "*belong to those service centre things*" need a lot care and other services from the facility. These people are different from her and other "*private residents*" in the facility. So, although we saw social relationships and interaction in the ALF appearing as constant acknowledgement and acceptance of others within the community frame, they also appeared as making distinctions between oneself and others in the facility.

Not only did ALF residents set themselves apart from others, but so did also outsiders visiting the ALF. One staff member said she had been told by some of these visitors that they do not like to be associated with the ALF because otherwise they too might be seen as old and frail. During observations of a group of people coming from the outside to attend activities, one of the participants said she has not dared to ask others if they lived in the facility. Apparently, she did not want to cause offence by assuming they might be living in the facility. It, thus, seems ALF visitors do not want to be seen as part of the ALF community.

Whilst the community frame is recognised and referred to by ALF residents, it is less distinct and structured than the home and institution frames. In the community frame, other residents are recognised as individuals who need to be acknowledged, but they are not regarded as personal friends or simply as fellow patients in the institution. The participants recognise that the ALF is a wider community that includes "*dementia wards,*" for example, demonstrating that this frame entails not only those in the individual's immediate proximity but also those who form the wider community. At the same time, however, the boundaries of this

frame become visible when distinctions are made between oneself and others in the facility. It seems that the determination of the circle of people who are involved in this frame is not fixed but negotiable. Furthermore, when considering the wider community of the ALF, the characteristics and the rules that govern interaction within this frame become unclear. In this sense, the community can even be described as a no-man's land where social relationships and the boundaries of action and interaction are not defined by the familiar rules of a home or an institution.

Discussion

We found that the way in which social relationships and social situations are structured in the ALF is influenced by the way the facility is framed and understood. Previous research shows that social relationships affect residents' perceptions of the ALF (Cutchin et al. 2003; Lewinson et al. 2012). Our study adds a new layer to this by suggesting that perceptions of the ALF also impact on social relationships. On this basis, we suggest that it is important to take into account of the multifaceted nature of the facility and its effects on social life when attempting to understand ALFs as social environments. Harnett and Jönson (2017) found institutional framings of meals in nursing homes so dominant that other framings, like home frame, were hard to find. This study adds to our knowledge of what kind of role institutional, home and community frames play in an ALF.

Different frames enable different kinds of social relationships and interaction in the ALF. In other words, what kind of social relationships and interaction are feasible is influenced by the way in which social situations in the ALF are framed. For example, the relationship and interaction between residents and staff is influenced by the frame adopted by the participants in the situation. Sometimes frames are not shared (*frame break*) by the participants, which may give rise to conflict and *negative experience* (staff enter residents' apartments without permission), but they can also be piled upon or planted within each other (*keying*) to purposefully create a shared understanding of the situation that differs from the expected one (making a treatment situation seem as two friends joking instead of an interaction between a care professional and patient) (Goffman 1974/1986). Thus, the relationship between the frames is dynamic, and they exist in the facility at the same time, being invoked by different

actors in different ways and eventually being accepted or rejected by the participants. Frames also define the nature of social relationships: other people in the ALF can be seen as friends, fellow patients, fellow residents, professionals or "others" who are intentionally left out. Frames play an important role in defining social relationships and interaction in ALFs and impact upon the smooth running of everyday life.

The provision of home-like housing and care services for older people is a central policy objective in Finland and elsewhere (Anttonen & Karsio 2016; Genet et al. 2011), and therefore, it is important to understand how social relationships and interaction affect residents' perceptions of the facilities and their home-likeness. Based on our findings, the presence of institutional features in social interaction in an ALF does not adversely affect the perceived home-like nature of the facility, so long as staff know how to use the home frame in situations that are meaningful to residents. As we saw, lack of control over social interaction, for example in situations where staff enter apartments with their own keys, diminishes residents' sense that they are living in a home-like environment. At the same time, however, residents appreciate that in some situations, staff need to enter apartments with their own keys. This implies that the interpretations staff make about different social situations and about their expected and appropriate behaviour in the ALF are important to residents' experience of living in a home-like environment. In their interaction with residents, staff need to balance between the home and the institution frames. Our finding supports earlier results on the key role of staff in enabling a home-like ALF experience and residents' well-being (Pirhonen & Pietilä 2015; Street et al. 2007; Williams & Warren 2009). Like in the study of Gjernes and Måseide (2019), the actions of staff members in framing meals as ordinary breakfast meals in a day care centre for persons with dementia maintained the older persons' dignity and normality, the actions of staff in framing social situations as home-like can maintain the feeling of home-likeness for the residents.

Although the sense of private space is important in the ALF, this importance has to do not only with physical aspects such as having beloved items and furniture in one's own room or apartment but also with social aspects that affect the way in which the space is defined (see Roth & Eckert 2011). Our findings suggest that having a home in an ALF is not only

about a private space and personal belongings but also about the power to determine one's social relationships. Anyone who has the power to determine their social relationships will also have the power to define their private space. In the institution frame, residents did not have this kind of power, in the home frame they did. In the community frame, the situation was less straightforward: residents did have some say over their social relationships and interaction, but at the same time, they were constrained by the facility's rules. Frames are, thus, important regarding residents' autonomy in the facility.

Our study also draws focus to the nature of ALFs as communities. We found that social relationships and interaction in the ALF were affected not only by the home and institution frames but also by the community frame, which falls somewhere in the middle ground between the former two. As our findings indicate, the presence of other people, mainly other residents, cannot be ignored in ALFs; indeed, it is an important feature of everyday life there. The home and institution frames do not in themselves fully cover all kinds of social situations in such places. ALFs are neither just a home nor just an institution but also places where residents live their private lives in a public space (Roth & Eckert 2011) that has its own rules for social relationships and interaction. This is supported by the existence of *restaurant frame* alongside institutional and private frames in nursing home meal situations (Harnett & Jönson 2017). The restaurant frame challenges the institutional arrangements of meals, but is also not private or home-like, but something in between.

The community frame in our study indicates that in addition to the clearer rules for social relationships and interaction posed by the home and institution frames, there are also more abstract social codes that define social life in ALFs. These codes or rules guide residents towards acknowledging and tolerating other people around them in the facility, but, at the same time, towards dissociating themselves from those people who might threaten the impression of their home-like living in the facility. It seems that the community frame serves as a placatory frame in between the home and the institution frames, in which it maintains residents' privacy and individuality, but, at the same time, recognises the communal characteristics of the place. The community frame indicates that an ALF is a home that is supposed to be communal, but not to the extent that it is too homogenising, as in an institution.

Visitors to the ALF, that is, people who do not live in the ALF but who attend its events and recreational groups, were not mentioned very often in the interviews or in the group discussion. This might indicate that their presence is not very meaningful to residents. However, the behaviour of these visitors demonstrated that outsiders might have their own way of framing the place. For these people, the home, institution or community frame did not seem appropriate, but they appeared to view the facility as a public space where they can behave as customers and are not obliged to acknowledge other people in the same way as residents felt they were within the community frame. More research is still needed to better understand the meaning of outsiders visiting the ALF and the ways in which they make sense of the facility and their role in different situations. Our findings suggest that non-residents did not want to be associated with the ALF because they feared they might be regarded as old and frail. However, ALF residents were equally reluctant to be associated with cognitively impaired or frail persons. In the words of Pirhonen et al. (2016), both visitors and residents viewed more frail older people as *ability others* and used this reasoning to maintain the impression of themselves as capable individuals and residents instead of patients of an ALF.

Our findings contribute to ongoing discussions about how the housing and care of older people should be organised in such a way that their autonomy and well-being are enhanced. If it is understood that all the individuals involved in ALFs interpret and make sense of social relationships and interaction through different frames, then it will also be easier to see how different expectations of interaction and action in different situations can lead to misunderstandings and conflicts. Successful social life in ALFs can be created and maintained when everyone involved in the ALF is able to recognise the ways in which they themselves and people around them make sense of everyday social situations in the facility. The idea of frames in the ALF could be used to educate both staff and residents about the multifaceted nature of ALFs and its implications for social interaction. Making frames visible in ALFs can lead to better communication and an enhanced sense of autonomy for residents as they are given the opportunity to decide for themselves about their social relationships and interaction. If ALFs cannot be totally private homes, the idea of frames could help to transform them into communities that allow all their members to have a say over what kind of place they are.

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